



## OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

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EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)

### **FOURTH OF JULY SALUTE TO AMERICA TEMPORARY LICENSE APPLICATION**

#### REQUIREMENTS:

1. Completed license application and license fee payment of \$10.
2. License must be carried on applicant/persons at all times.
3. List of all employees basic information on each employee if applicable.
4. Copy of participation acceptance email from the Salute to America event.

DATE(S) LICENSE IS NEEDED: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

TEMPORARY LOCATION (BOOTH #  
OR DESCRIPTION OF LOCATION): \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF GOODS TO BE SOLD AND VALUE OF: \_\_\_\_\_

NAME OF MANUFACTURER OF GOODS: \_\_\_\_\_

ADDRESS OF MANUFACTURER OF GOODS: \_\_\_\_\_

SALES TAX NUMBER: \_\_\_\_\_

Vehicle Description:

Year/Make/Model/Color: \_\_\_\_\_

License Plate# \_\_\_\_\_

#### **EMPLOYEE LISTING:**

OWNER NAME: _____			
MALE OR FEMALE: _____		DATE OF BIRTH: _____	
HEIGHT: _____		WEIGHT: _____ DRIVER'S LICENSE # _____	
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		DATE OF BIRTH: _____	
HEIGHT: _____		WEIGHT: _____ DRIVER'S LICENSE # _____	
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____		DATE OF BIRTH: _____	
HEIGHT: _____		WEIGHT: _____ DRIVER'S LICENSE # _____	

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EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____		
MALE OR FEMALE: _____	DATE OF BIRTH: _____	
HEIGHT: _____	WEIGHT: _____	DRIVER'S LICENSE # _____

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*